U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFUL	LY BEFORE PREPARING THIS REPORT.			
1. File Number U - (a) 37	2. Fiscal Year Covered From:			
	1 / 1 / 2004 Through: 12 / 31 / 2004			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name Vincent J Bollon	Name International Association of Fire Fighters			
	Labor Organization File Number 000-317			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 8027 Wellington Road	Street 1750 New York Avenue, NW			
City Alexandria	City Washington			
State Virginia ZIP Code + 4 22308	State District of Columbia ZIP Code +4 20006			
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizati				
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any	7.b. Amount.			
Street	· · · · · · · · · · · · · · · · · · ·			
City				
State ZIP Code + 4				
Sign	nature			
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the se	ying documents), has been examined by the signatory and is, to the best of the			
Signed Vincent Ballon	On 75 05 202 737 8489 Date Telephone Number			

Name of Person Filing	VINCE	こんし	: 3	<u>. [</u>	301	To	2 W		File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.											
8. Name and address of Bus Name Amalgamated E Trade Name, if any: P.O. Box, Bldg., Room No. Street 1825 K Street City Washington	, if any	trade nar	me, if any).			9	. Busi	ness deals with: a. Labor Organiza b. Trust c. Employer	ation		
State District of (Columbia	ZIP Coo	de + 4								
10. If 9.b. or 9.c. is checked	give trust or er	nplover's	name.			11	1.a. N	lature of such deal	ling.		
Name Trade Name, if any: P.O. Box, Bldg., Room No.		nployor 3					ank	ing Service Pr	rovider		
Sheet (ا 11	.b. A	pproximate dollar val	lue of such dealing.	\$46,9	66
State		ZIP Co	de + 4			` F			ld or income received. lanket with Bank	Logo	
						-					=
C. Received from any e or from any labor relations						der p	arts .				40]
13.a. Name and address of (including trade name,		bor Relatio	ons Consul	tant		1	4.a. I	Nature of payment,			
Name											
Trade Name, if any:					·] [
P.O. Box, Bldg., Room No	., if any]					
Street						<u> </u>					
City						<u>ا</u> _					
State		ZIP Co	de + 4								
13 b. Is the Business an Fi	molover	or Co	onsultant [_	2	1	14.b.	Amount of payment,			7

Name of Person Filing VINCE W+ J. Bollo	on l	File Number U-
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in which your labor organization or with a trust in which your labor organization.	wise dealing with the busines vely seeking to represent, or lirectly to, or otherwise	s
8. Name and address of Business (including trade name, if any). Name K&R Industries Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 14110 Sulleyfield Circle	9. Business deals with: a. Labor Organiza b. Trust c. Employer	ation
City Chantilly State Virginia ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such deal	ing. ional material to IAFF
Street	11.b. Approximate dollar val	ue of such dealing. \$37,989
State ZIP Code + 4	12.a. Nature of interest he	ld or income received. eather business card and pen holder
	12.b. Amount.	\$30
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City	}	
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

Name of Person Filling VI DCENT J-Bollow	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or otherwof an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or individually with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irectly to, or otherwise	
8. Name and address of Business (including trade name, if any). Name Woodley & McGillivary Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1125 15th Street, NW City Washington State District of Columbia ZIP Code + 4 20005 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	9. Business deals with: A. Labor Organization b. Trust c. Employer 11.a. Nature of such dealing. IAFF Counsel	
Street	11.b. Approximate dollar value of such dealing.	\$1,073,225
City	12.a. Nature of interest held or income received.	
State ZIP Code + 4	Christmas Gift Basket and Dinner	
	12.b. Amount.	\$225
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	or other thing of value.	
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.	
Name		and the state of t
Trade Name, if any:		
P.O. Box, Bidg., Room No., if any		
Street		
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	

Name of Person Filing VINCENT Tollon)	File Number U-					
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.							
8. Name and address of Business (including trade name, if any). Name National Fire Protection Association	9. Business deals with:						
Trade Name, if any:	a. Labor Organizat	ion					
P.O. Box, Bldg., Room No., if any Street 1 Batterymarch Park	c. Employer						
City Quincy State Massachusetts ZIP Code + 4							
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing	ng.					
Name	Consensus Standard	Organization					
Trade Name, if any:							
	· ·						
P.O. Box, Bldg., Room No., if any							
Street	11.b. Approximate dollar valu	e of such dealing.	\$3,486				
City	12.a. Nature of interest held	······································					
State ZIP Code + 4	Dinner at Board of	Directors Meeti	ng				
			-				
:							
+							
	40 h A		CAE				
	12.b. Amount.		\$45				
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money							
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.						
Name							
Trade Name, if any:							
P.O. Box, Bldg., Room No., if any							
Street							
City							
State ZIP Code + 4							
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.						

Name of Person Filing VINCENT J. Bollo	File Number U-
B. Held an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from, selling or leasing to, or otherw of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business vely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name Union Privilege Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 300 Street 1125 15th Street, NW City Washington State District of Columbia ZIP Code +4 20005	9. Business deals with: a. Labor Organization b. Trust c. Employer 11.a. Nature of such dealing.
10. If 9.b. or 9.c. is checked give trust or employer's name.	Company that sponsors IAFF credit card
Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$0 12.a. Nature of interest held or income received. Lunch Christmas Basket
	12.b. Amount. \$125
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing VINCENT J. 6110	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irectly to, or otherwise	
8. Name and address of Business (including trade name, if any). Name Monitoring and Evaluation Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 3375 Park Avenue City Wantagh State New York ZIP Code + 4 11793	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	Investment Advisors	
Street	11.b. Approximate dollar value of such dealing.	\$35,000
City	12.a. Nature of interest held or income received.	
State ZIP Code + 4	Wine and Candy Dinner Dinner	
	12.b. Amount.	\$382
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		- management
P.O. Box, Bldg., Room No., if any		1
Street		
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	

Name of Person Filing V/V/CENT BOLLON		File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employee whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any). Name Harbaugh Hotels Trade Name, if any: P.O. Box, Bldg., Room No., if any Palm Springs Riviera Hotel Street 1600 North Indian Avenue City Palm Springs State California ZIP Code + 4 92262-4602 10. If 9.b. or 9.c. is checked give trust or employer's name. Name	9. Business deals with: X a. Labor Organiza b. Trust c. Employer 11.a. Nature of such deal Hotel management				
P.O. Box, Bldg., Room No., if any Street					
	11.b. Approximate dollar val	ue of such dealing.	\$165,000		
State ZIP Code + 4	12.a. Nature of interest he	ld or income received.			
	12.b. Amount.		\$75		
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above)				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.				
Name Trade Name, if any:					
P.O. Box, Bldg., Room No., if any Street City					
State ZIP Code + 4					
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.				

Name of Person Filing VINCENT BOLLON	File Number U-
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name Calvert Woodley Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 4339 Connecticut Avenue, NW City Washington State District of Columbia ZIP Code + 4 20008	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. Purchases of holiday gifts for staff and business associates
Street City ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$15,500 12.a. Nature of interest held or income received. Holiday Gift
	12.b. Amount. \$110
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any:	
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing VINCENT JOHON	File Number U-					
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.						
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer					
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.					
Name						
Trade Name, if any:						
P.O. Box, Bldg., Room No., if any						
Street	11.b. Approximate dollar value of such dealing.					
City	12.a. Nature of interest held or income received.					
State ZIP Code + 4						
	12.b. Amount.					
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money						
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.					
(including trade name, if any).	Uniformed Retirement System Boar	d member				
Name Fairfax County Uniformed Retirement System						
Trade Name, if any:		11.7				
P.O. Box, Bldg., Room No., if any						
Street 10680 Main Street						
City Fairfax						
State Virginia ZIP Code + 4						
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	\$550				

Name of Person Filling VINCENT T	Ko [ے لی	٨	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.						
8. Name and address of Business (including trade name, if any). 9. Business deals with:						
Name			a. Labor Organiza	ition		
Trade Name, if any:			b. Trust			
P.O. Box, Bldg., Room No., if any			c. Employer			:
Street						
City						
State ZIP Code + 4	<u> </u>					
10. If 9.b. or 9.c. is checked give trust or employer's name.			11.a. Nature of such deal	ing.		
Name						
Trade Name, if any:						
P.O. Box, Bldg., Room No., if any						
Street			11.b. Approximate dollar vali	ue of such dealing.		
City			12.a. Nature of interest hel	d or income received.		
State ZIP Code + 4						
			12.b. Amount.			
C. Received from any employer (other than an employe or from any labor relations consultant to an employer any pay						
13.a. Name and address of Employer or Labor Relations Consul (including trade name, if any).	Itant		14.a. Nature of payment.			
Name J. & W. Seligman		_	Christmas Gift -	Blanket		
Trade Name, if any:		1 1				
P.O. Box, Bldg., Room No., if any						
Street 100 Park Avenue		 	-			
City New York						
State New York ZIP Code + 4						
			14.b. Amount of payment.			
13.b. Is the Business an Employer or Consultant	?		. •			\$65

Name of Person Filing VINCENT 180 (0 N	File Number U-					
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.						
8. Name and address of Business (including trade name, if any).	9. Business deals with:					
Name Trade Name, if any:	a. Labor Organization b. Trust					
P.O. Box, Bldg., Room No., if any	c. Employer					
Street	L					
City						
State ZIP Code + 4						
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.					
Name		and the state of t				
Trade Name, if any:						
P.O. Box, Bldg., Room No., if any						
Street	11.b. Approximate dollar value of such dealing.					
City	12.a. Nature of interest held or income received.					
State ZIP Code + 4						
	12.b. Amount.					
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money						
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment. Dinner					
Name North Wind Marketing	primer					
Trade Name, if any:						
P.O. Box, Bidg., Room No., if any						
Street 211 N. 1st Street						
City Minneapolis						
State Minnesota ZIP Code + 4						
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	\$85				